

FAIRMOUNT ADVENTURE DAY CAMP

Monday - Friday from 7 AM - 6 PM \$100*/session \$150*/Non-Resident

For Youth Ages 5-14 • Hike • Enjoy Cool Pool Days • Create Crazy Arts & Crafts Projects • Sing Fun Camp Songs • Perform Weird Science Experiments • Climb • Go on Exciting Excursions* • Learn Native Ecology, Flora and Fauna, • Explore Historic Fairmount Park and Mt. Rubidoux Areas • Daily Lunch and Snacks Included in Camp Fee *Excursion fees not included in the price of the program.

SESSION DATES

July 9 - 13 Session 1 Session 2 July 16 - 20 Session 3 July 23 - 27 Session 4 July 30 - August 3 August 6 - 10 Session 5

** Camp will not be held on July 4

EEKLY EXCURSIONS* Jul 11 Zoo & Griffith Observatory & High Rope Jul 13 Teambuildin Course (\$20)

Jul 18 XRtainment Zon Jul 20 Long Beach Aquar

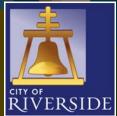
Jul 25 Raging Waters (\$2) Pirates Dinner Adven

Teambuilding & High Course (\$20)

Aug 3 Beach Trip (\$5)

Aug 8 California Science Cente Aug 10 XRtainment Zone (\$12)

*Excursion fees <u>not</u> included in the price of the program



Parks, Recreation and Community Services Department

 2601 Fairmount Blyd. airmount Parl



to learn & play to be safe & secure to create & imagine

(951) 826-2000 • www.riversideca.gov/park_rec Fees, times and dates of all programs are subject to change.

FAIRMOUNT ADVENTURE DAY CAMP REGISTRATION FORM AND WAIVER

PLEASE PRINT ALL INFORMATION & FILL OUT COMPLETELY

PAYEE/ADULT INFORMATION

| Addit i iist ivanic | | | | | | Au | uit Last Hame | | | | | | | | |
|--|---|---------------------|--------------------------------------|-----------------|---------------------------------------|--------------|------------------------------------|-------------------------------|------------------|----------------------------|----------------|------------------|--------------|---------------|--|
| Street Address | | | | | | | | | _ | | | | | | |
| City | | | Zip | | | | | | Day P | Day Phone | | () | | | |
| Evening Phone | g Phone () | | | Em | Emergency Phor | | () | | Birth I | Date | | | | | |
| Email Address | | | | | • | | | | · | | | | | | |
| □Check if you live in the City of Riverside city limits and have already filled out a RIV.Dat form with proper verification. | | | | | | | | | | | | | | | |
| □Check if you DON'T li □Check if you live in th | ve in City of R | of Riverside cit | y limits. (Pay the nits and have not | Non-Resid | lent price listed a RIV.Dat (Pleas | I next to e | each activity) RIV.DAT form and in | clude copies of proof of | residency) | | | | | | |
| EMERGENCY C | - | | | | | | | | | a DI #will no | ot be permit | tad to nick | un the n | rticipant) | |
| Name | ONTAC | | DONEO NO | | Phone Number () | | | -11110 (marvidual | | 's License | | ted to pick | up tile pa | irticipanti | |
| Name | | | | | Phone Number () | | | Driver's Lic | | | | | | - | |
| Name | | | | | Phone Number () | | | Driver's License | | | | | | | |
| | TIOID | ANT INCO | DMATION | 1 Hone | e Number | | () | | Dilvei | 3 Electise | Tr . | | | | |
| CLASS AND PARTICIPANT INFORMATION | | | | | | | | | | | | | | | |
| Participant's Name | | ne | Gender | Birth | | n Date | | Program Name | | е | Start Da | | Fee | | |
| goey Smith (SAMPLE) | | | M | | 02/01/00 | | | Fairmount Adventure Camp Camp | | | 7/9/07 | | \$ | 100 | |
| | | | M/F | | | | | | | | | | | | |
| | | | M/F | | | | | | | | | | | | |
| | | | M/F | | | | | | | | | | | | |
| O.K.A.Y! Program Scholarships/Donations | | | | | | | | 4 Please a | dd the not | ed dollar a | mount to | mv | | | |
| (Opportunity for Kids to Attend Youth recreational events) | | | | | | | | registration for | es to enal | ole underpi | rivileged | youth | \$ | | |
| The City of Riverside Parks, Recreation and Community Services Department offers a variety of special events, programs, and activities for the youth of Riverside. Unfortunately, there are underprivileged children who can not participate in these | | | | | | | | to participa that t | | orograms. I Iuntary dor | | and | • | | |
| fun, interactive, and confid | | | | | | | | | | | | | | | |
| Services Department can build a scholarship fund that will enable these children to attend or particips programs and events. The scholarships will be given through an application process to ensure the mo will be given the opportunity to participate. Thank you for your kind donation. | | | | | | | | (Please make c | | d Total ole to "The C | ity of Rive | rside") | \$ | | |
| will be given the opportuni | ty to partici | pate. Thank you | i ior your kind dona | ation. | | | | (i roude mane e | 100110 payaz | | , 0 | , | | | |
| | | | | PI | LEASE REA | AD AND | SIGN BELO | <u>w</u> | | | | | | | |
| The parent(s) of participan | The parent(s) of participant(s) must complete and return this agreement. It is understood that I (the participant) cannot participate in the recreation activities until this WAIVER form has been completed. For additional information, phone 826-2000. | | | | | | | | | | | | | | |
| | relinquishes a | any and all actions | or causes of action for | r personal inju | ury, property dama | ge or wrongf | ul death, occurring to | the Undersigned arising | out of the parti | cipation in said | sport or any a | activities inci- | dental there | to; wherever, | |
| eleases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death, occurring to the Undersigned arising out of the participation in said sport or any activities incidental thereto; wherever, or however the same may occur and for whatever period said activities may continue, and the Undersigned does for himself/inserslif, his/her heirs, executors, administrators, and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for himself/herself and for his/her heirs, executors, administrators or assigns shall not prosecute or present any claim for personal injury, property damage or wrongful death against the City of Riverside, the City of | | | | | | | | | | | | | | | |
| Riverside Parks, Recreation and Community Services Department or any of its officers, agents, servants or employees (hereinafter referred to as "Releassees") for any of said causes of action including, but not limited to, losses caused by the passive or active negligence of the Releasees. The Undersigned acknowledges, understands and assumes the risks inferent in recreation activities, and that said activities entails risks of physical injury to his/her person and property and the Undersigned is participating with full knowledge of said risks. Undersigned acknowledges, understands and parking lots; and acknowledges and | | | | | | | | | | | | | | | |
| nderstands that this City waiver includes, but is not limited to, any action or cause of action arising from (1) the performance, or failure to perform, maintenance, inspection, supervision, control or security of said areas, (2) the failure to warn of dangerous onditions as existing on or near said locations, or (3) any action by the spectators or (4) negligent supervision or selection of officials, spectators, players or coaches or (5) any hidden, latent or obvious defects or dangerous conditions existing on or near said | | | | | | | | | | | | | | | |
| cations. ' IS THE INTENTION OF <u>THOSE LISTED ON THE ACTIVITY FORM</u> BY THIS INSTRUMENT TO EXEMPT AND RELIEVE RELEASEES FROM LIABILITY FORPERSONAL INJURY, PROPERTY DAMAGE AND WRONGFUL DEATH CAUSED BY THE ASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES. | | | | | | | | | | | | | | | |
| have read and hereby agree to abide by the City Recreation Activity Rules. I further acknowledge that my participation in the CITY OF RIVERSIDE Recreation Activities will be in jeopardy should I fail to adhere to the rules. I give permission to the CITY OF | | | | | | | | | | | | | | | |
| RIVERSIDE to photograph me or my children participating in the programs for use in future City publications and understand that I will not receive any compensation for such use. Furthermore, we give our permission to have the above-named participan reated in the event of accident or illness. | | | | | | | | | | | | | | | |
| PARTICIPANT'S SIGNATURE DATE DATE | | | | | | | | | | | | | | | |
| (PARENT OR LEGAL GUARDIAN MUST SIGN FOR THOSE UNDER 18 YEARS OF AGE) | | | | | | | | | | | | | | | |
| American Disa | American Disability Act - Individuals with disabilities requiring special accommodations should call 826-2000. | | | | | | | | | | | | | | |
| | | | | | STAF | F USE | ONLY | | | | | | | | |
| Date Staff Nar | | | me | | | Site Taken | Rece | Receipt # R | | esident | | Tot | al\$ | | |
| | | | | | | | | | | Non- | Residen | t | | | |
| Comments: | | | | | | | | | | | | | | | |
| RIV.DAT Form complete | ed and en | closed or | Already in RIV.DA | AT databas | se | | | | | | | | | | |
| Form of Payment: C | Form of Payment: Check # Money Order #: Visa Mastercard American Express Discover | | | | | | | | | | | | | | |
| (Downtown Use Only) Date of Transaction: Reference #: Last Name on Credit Card: | | | | | | | | | | | | | | | |
| | | Please | Complete the Fol | lowing Info | ormation if Pay | ing by Cr | edit Card (Credi | it Card information v | vill be kept co | nfidential) | | | | | |
| Card #: | | | 1 1 1 1 | | | E | Exp. Date: | 1 | | _ | | | | | |
| Name as it appears | on card: | | | | Sig | | | | | | | | | | |
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